

YOUR VOICE, YOUR NEWS

Patients' Participation Group for the Sid Valley Practice

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A note from the Chair



After a good start we have had a mixed summer this year. This mixed weather can have its downsides and in this issue we take a look at some advice from the

RNLI for staying safe around the sea. There's been an uptick in people experiencing hayfever

symptoms as well-don't

forget the pharmacy is your first port of call for this.

Prescriptions can be a bit of a minefield—take a look at the article on how to manage your prescriptions effectively.

PPG member Brian has been sharing information on the various types of diagnostic scans that are available these days and we talk a bit about other diagnostic tests and how to get your results.

We said goodbye to 2 PPG members earlier this year: Michael Britten has completed his term of office—plus some! And Andy Hosking has moved on to new endeavours. We thank them both for their contributions and wish them all the best for the future.



"On behalf of the entire Sid Valley

Practice

staff I would like to thank all our patients for their huge support and understanding in what are currently very difficult times in General Practice."

Joe Stych

where you see a blue word, you can click for more information.

 $\textit{All views expressed are those of the author or the \textit{Patient Participation Group, not the NHS or \textit{Clinical Commissioning Group.} \\$



Appointments update

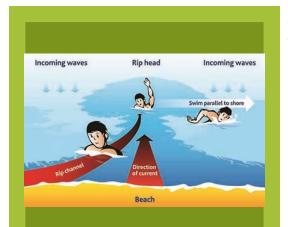
The surgery is still experiencing high demand and a shortage of clinical staff, meaning that clinics are very busy.

New clinics are released on a weekly basis, so if you are told there are no appointments to meet your needs please phone back.

Remember—for everyday illnesses, your local Pharmacist is highly qualified and can suggest over-the-counter remedies and offer advice. You can also get help from NHS 111 online.

Call 111 if you need medical help fast but it's not a life threatening emergency, or for GP out of hours service. For immediate life threatening emergencies, call 999.





SAFETY BY THE SEA

The majority of RNLI Lifeguard incidents involve rip currents, which are a major cause of drowning on beaches. But can you identify one and do you know how to deal with it?

Rips are strong currents running out to sea,

which can quickly drag people and debris away from the shallows of the shoreline and out to deeper water.

They tend to flow at 1–2mph but can reach 4–5mph, which is faster than an Olympic swimmer.

Rips are especially powerful in larger surf, but never underestimate the power of any water. They are also found around river mouths, estuaries and man-made structures like piers and groynes.

How to spot and avoid a rip current

Rip currents can be difficult to spot, but are sometimes identified by a channel of churning, choppy water on the sea's surface.

Even the most experienced beachgoers can be caught out by rips, so don't be afraid to ask lifeguards for advice. They will show you how you can identify and avoid rips.

The RNLI says choose a life-guarded beach and always swim between the red and yellow flags, which have been marked based on where is safer to swim in the current conditions. This also helps you to be spotted more easily, should something go wrong.

The <u>RNLI</u> have produced this <u>video</u> which will help you to identify a rip current. Their advice if you do get caught in a rip is:

- Don't try to swim against it or you'll get exhausted
- If you can stand, wade, don't swim
- If you can, swim parallel to the shore until free of the rip and then head for shore
- Always raise your hand and shout for help.

This <u>video</u> shows you ways of getting yourself free of the rip. If you see someone else in trouble, alert the lifeguards or call 999 or 112 and ask for the coastguard.

LEARN CPR IN 15 MINS

FOR FREE WITH REVIVR

Many of us will witness a cardiac arrest in our lifetime. Be ready for that day with RevivR, The British Heart Foundation's fast, free and easy-to-use online training course.



RevivR is the 15 minute mobile training that shows you when and how to do CPR to save someone's life. All you need to practice is a cushion—don't practice on a healthy person!.

Scan the QR code to continue on your mobile device It works best on a phone or tablet, as you get feedback on how you are doing. Scan the QR code or click here to access the training.

NHS Sid Valley Practice



Vaccine

Eligible patients can book now!

- In person with our reception team
- Online (for registered users)
- Ring 01395 200743, option 1





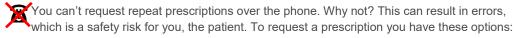


PRESCRIPTIONS

AND HOW TO MANAGE THEM

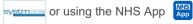
How many prescriptions do you think are issued every day by the Practice? 100? 200? We had a quick look and reckon that it is closer to 2000 items issued every single working day. No wonder the pharmacies sometimes struggle to find them.

Repeats—you can ask your nominated Pharmacy to manage ordering these for you. In Sidmouth, only Boots offer this service. Each time you collect, they will ask you which items you will need next time. Take care though-it is easy to over-order. Or you can manage this yourself and order your own repeats. The golden rule is don't leave it until you run out. It is your responsibility to plan ahead—including for holidays and bank holidays. Put your repeat request in at least 7 days before you run out and ask for an extra amount to cover booked holidays. That will relieve you, the Practice and the Pharmacy staff of a lot of stress.











put in a written request or fill in the repeat request available in the waiting room

If you email or write a request, don't forget to include your full name and date of birth

If you have a blister pack, ask the Practice to add a note to issue your non-blister pack repeats with the blister pack. This will take the worry out of getting your medication.

Prescriptions are sent electronically directly to your nominated pharmacy. You decide which pharmacy to use and you can change this by contacting the surgery or online.

please don't try and change your nominated pharmacy if you have a blister pack for your medication.

If you go to collect it and your prescription is not available, what are your options?

- Pharmacy says they don't have the prescription
 - For a repeat try to give the pharmacy 5 days from requesting the prescription to you going to fetch it. This gives everyone time to manage their workload.
 - Urgent medication ask at Reception for a "token" this is a copy of the prescription with a barcode that will enable the pharmacy to find the prescription on their system.
- Pharmacy doesn't have the medication in stock and can't order any
 - Ask if they have an alternative available—eg a different size or strength of the medication, a different brand name or an alternative suggestion that is as effective—then tell the Surgery Call other local pharmacies to see if they have the stock, then ask the Surgery to direct the prescription to that pharmacy as a one-off
 - Ask the pharmacy to put the prescription back onto the Spine (the NHS electronic prescription system). Visit the Surgery and get a paper token. You can then take this to any pharmacy—but check they have the item in stock before they download it.
- Pharmacy is unexpectedly closed
 - If you are trying to collect a repeat, hopefully you will have planned ahead so that this doesn't mean you will run out of medication. For urgent medication, ask the Surgery to reissue your prescription to a different pharmacy as a one-off.

The life-cycle of a repeat prescription

why you should allow 5-10 days from request to receipt



You will feel so much better, not just because you can take your regular medication, but you won't have to worry about running out.



Diagnostic tests

How to get your appointment and how to find out your results.

Your doctor needs to be able to find out what is going on inside your body as well as listening to you describe your symptoms, and there are a number of ways this might happen.

From a simple blood test at the surgery to more complicated procedures at a hospital, this is a short guide as to how it works.

Don't forget, if you have <u>on-line</u> <u>access</u> through the surgery or the <u>NHS App</u>, you can see your results without having to ring in or wait to be contacted.



Monitoring your blood pressure is a test you can do yourself at home or using the machine at the surgery. Hand your readings in at Reception and a nurse will review them. If there is a potential problem, the surgery will contact you. A healthcare assistant may need to do the test again or your doctor may want to have a chat with you.

Sit quietly for a few minutes before taking the measurement to allow your blood pressure to settle.



If your doctor asks you to have a blood test, you can book an appointment for this. (Call 01395 500 743 to book a blood test using the automated booking system, or book online). The healthcare assistants are very experienced at taking a sample quickly and painlessly. The test is sent away to the hospital lab and is usually back within 48 hours.

The surgery will contact you if the results show a potential issue.

A blood test ordered by the hospital and done at the hospital (including Sidmouth Hospital) will go back to the hospital doctor who ordered it. The surgery will not get those results immediately so you should speak to your hospital doctor for the results.



You might be asked for a sample — poo, urine or sputum. A yellow topped urine sample is used to check for protein levels that can link to kidney damage, but not infections. You should use the first wee of the day, midstream. A red topped bottle is to detect infection. Be careful not to empty out the white powder in the pot. A blue topped bottle is for a

poo sample—it has a small scoop to use to get the sample. A clear bottle is for sputum—spit. If your sample needs to go to the hospital lab, the result is usually back within a week to 10 days. Again, the surgery will only contact you if the result shows a potential issue. A FIT test is a poo sample that is sent off by you in the post, using the envelope provided. Don't worry about the form with the test—all the information needed is on the barcode.



Brian Diffey is a member of the PPG and was Professor of Medical Physics and Clinical Director in the Newcastle upon Tyne Hospitals NHS Trust. We talked to him about other types of tests that might be done. Some familiar, some not so.

"Scans are a well-used tool with our NHS to take a physical look at what is going on inside our bodies. All types of scan were invented and pioneered by physicists and illustrate how modern medicine requires input not just from doctors and surgeons but other specialists like physicists, engineers, biochemists, geneticists and mathematicians. On this page and the next page, I take a look at some of the different scans in use today."



Ultrasound uses high frequency sound waves that we cannot hear, to generate an image of human anatomy. To ensure that the ultrasound waves can be transmitted from the transducer, which is the probe that's moved over the area being scanned, into the body, a water-based gel needs to be applied to the skin before the radiographer begins the scan.

Ultrasound reflects sound waves differently from different body tissues and when the ultrasound waves return to the transducer, they are converted into an electrical signal, which is then reconstructed as an image.

In addition to providing structural information on anatomy, it is also used to look at blood flow, a technique known as a Doppler scan, and to examine how the heart is working – a technique called an echocardiogram.

HAVING A SCAN

WHAT THEY ARE AND HOW THEY WORK

A quick guide to the different types of scan



A CT, or computerized tomography, scan combines an X-ray beam with a detector that both rotate opposite each other around your body. The X-ray tube and detector are mounted in a gantry that looks a bit like a large donut. After the scan is finished computer processing takes place to create cross-sectional images (like slices in a loaf of bread) of the bones, blood vessels and soft tissues inside your body.

A CT scan can be used to visualize nearly all parts of the body and is used to diagnose disease or trauma, as well as to plan medical, surgical or radiation treatment. Sometimes "X-ray dyes" are injected into patients to make the images more helpful.

A CT scan will usually take around 10 to 20 minutes.



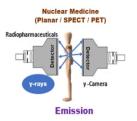
Magnetic Resonance Imaging, or MRI for short, doesn't use X-rays like a CT scan but a combination of a powerful magnet and radio waves to generate an image of the body.

Patients lie within the magnet cylinder, and a frame, which works like an aerial, is placed around the body area needing to be imaged. The science behind an MRI scan is quite complicated but basically what we are imaging is the hydrogen present in body tissues. Complex mathematical

calculations are needed to produce the images from the radio signals.

An MRI scan can be used to examine almost any part of the body, including the brain and spinal cord, liver, heart or prostate gland.

An MRI scan is a painless procedure that lasts 15 to 90 minutes, depending on the size of the area being scanned and the number of images being taken. The MRI machine can also produce 3D images that can be viewed from different angles.



Whilst CT and MRI are mostly designed to observe structural information about the body such as bones, fractures and abnormal tissue, Nuclear Medicine is different in that it identifies how organs are working rather than what they look like.

To do this, a radioactive tracer, or radiopharmaceutical, is administered normally by injection into a vein. The chemical nature of the tracer is

chosen so that it is selectively taken up by the organ of interest such as the bones or the thyroid.

Radiopharmaceuticals emit gamma rays, which are similar to X-rays. From their location within the body, the gamma rays pass through the body where they are detected by a device called a gamma camera. A nuclear medicine scan can take up to 30 minutes and so it is important to lie still while the scan is taking place.

Even though the thought of being injected with radioactive material may sound dangerous, the amount used is very tiny and the radiation exposure involved is often much less than in some X-ray investigations.



PET, which stands for Positron Emission Tomography, is a special type of nuclear medicine scan. The PET scanner, which rotates around the patient, converts the intensity of the emitted radiation into an electrical signal and then reconstructs an image based on this intensity using mathematical equations.

In most PET scans a radioactive form of glucose (a type of sugar) is used

so your body treats it in a similar way. The tracer will then collect into areas of your body that have higher levels of metabolic or biochemical activity. This often pinpoints the location of the disease. PET images are typically combined with CT or MRI and are called PET-CT or PET-MRI

Whereas the radioactive materials used in conventional nuclear medicine emit gamma rays, those used in PET scanning emit a special type of radiation known as a positron, which for those who remember their physics from school, is an electron with a positive charge.

A PET scan is an effective way to help discover a variety of conditions, including cancer, heart disease and brain disorders and usually takes 30 to 60 minutes.